

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087, 140 EAST FRONT STREET
TRENTON, NJ 08625-0087

COOPERATIVE PURCHASING GROUP APPLICATION FOR 20() - 20()

Co-Op Number _____

Cooperative Group Name _____

Mailing Address: c/o _____

Street _____

City _____ Zip Code _____

THE REASON FOR THIS APPLICATION IS:

_____ **CREATE A NEW CO-OP**

_____ **DELETE AN EXISTING MEMBER**

_____ **RENEW EXISTING CO-OP NUMBER** _____

_____ **ADD A NEW MEMBER**

The fee enclosed with this application is \$ _____

ONE CHECK PER CO-OP - \$15.00 PER MEMBER

The above group hereby petitions the Director of the Division of Alcoholic Beverage Control to issue a Special Permit which reflects the changes in membership requested above.

Name of Co-Op Officer _____

Signature _____

Title _____

Co-Op Officer Phone Number _____

Date _____

CONTACT PERSON IF OTHER THAN CO-OP OFFICER:

Name: _____

Telephone No. () _____

NOTE:

This form must be accompanied by a *Licensee Information Form* completed by each licensee wishing to begin or end membership with the applicant cooperative group. [N.J.A.C. 13:2-26.1(b)1.]

NEW COOPERATIVES are required to provide their **COOPERATIVE AGREEMENT** endorsed by each cooperative member. [N.J.A.C. 13:2-26.1(b)2.]

An original signed copy of this form must be submitted each time a member of the Cooperative Purchasing Group is added or deleted.